

Application Data Sheet

Application Information

Application number::
Filing Date:: 02/23/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: COMBINATION THERAPY FOR TREATMENT
OF ERECTILE DYSFUNCTION
Attorney Docket Number:: 10692V-000220US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 1
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Michael
Middle Name:: A.
Family Name:: Adams
Name Suffix::
City of Residence:: Kingston
State or Province of Residence:: Ontario
Country of Residence:: Canada
Street of Mailing Address::
City of Mailing Address:: Kingston
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Jeremy
Middle Name:: P.W.
Family Name:: Heaton
Name Suffix::
City of Residence:: Gananaque
State or Province of Residence:: Ontario
Country of Residence:: Canada
Street of Mailing Address::
City of Mailing Address:: Gananaque
State or Province of mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Donald

Middle Name:: H.

Family Name:: Maurice

Name Suffix::

City of Residence:: Kingston

State or Province of Residence:: Ontario

Country of Residence:: Canada

Street of Mailing Address::

City of Mailing Address:: Kingston

State or Province of mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This one Continuation 09/177,711 October 23, 1998

Foreign Priority Information

Country::	Application number::	Filing Date::
PCT	PCT/CA97/00264	April 23, 1997
UK	9608408.2	April 23, 1996

Assignee Information

Assignee Name::	Cellegy Pharmaceuticals Inc.
Street of mailing address::	349 Oyster Point Boulevard, Suite 200
City of mailing address::	South San Francisco
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94080